

1298

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Miami

County Dade No. Line Oak

St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
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DATE OF BIRTH Nov. 25 1915

(Month) (Day) (Year)

FULL NAME Jose Madrid FATHER Madrid

FULL MAIDEN NAME Margarita Vargas MOTHER

*These items to be entered by the local registrar before giving out this form.

Blank supp'
10M-8-42-Bow

reports of birth may be obtained from the local registrar.

I HEREBY CERTIFY that the child described
herein has been named

Eduvigis Madrid Madrid

(Give name in full)

(Surname)

Maria Ruiz

(Parent's Signature)

(Signature of Physician or Midwife)